

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12062

Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 695
(b) Township Pettis Primary Registration District No. 4417
(c) City Parkville (d) Street No. _____

Registered No. _____

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Francis6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 18547. AGE YEARS 85 MONTHS 11 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) Plattsburg Mo. (STATE OR COUNTRY) _____FATHER 13. NAME A. D. Capps14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) _____MOTHER 15. MAIDEN NAME Julia Pickett16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) _____17. INFORMANT Dudley H. Francis (ADDRESS) Independence Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville DATE Mar 7, 194019. FUNERAL DIRECTOR (NAME) Teland H. Francis (ADDRESS) Parkville Mo.20. FILED 1-4 1940 G. P. Ford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 194022. I HEREBY CERTIFY, That I attended deceased from 10-13, 1939, to Mar 4, 1940I last saw her alive on Mar. 4, 1940 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset _____
93A

Other contributory causes of importance:

Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. P. Ford, M. D.(Address) Parkville Mo.

RETURN TO CHIEF OF HEALTH DEPARTMENT
BOSTON, MASS. NO. 11
MAY 10 1940

RECEIVED NO. 11

APR 9 1940

APR 9 1940

APR 9 1940

RECEIVED

District Health Officer No. 11,
District File Number

Date Filed APR 9 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *yes*

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Leland H. Francis

Licensed Embalmer No.

3451

P. O. Address

Putnam Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 12062

Registration District No. 695-

Primary Registration District No. 4417

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Parkville
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) Mary E. Francis
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 3 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Mar 4-40 (b) S. P. Ford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Platte
(c) City or town Parkville
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 4
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature S. P. Ford (M. D. or other) _____
Address Parkville Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1940
S-12062